

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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-43  
-39  
36671

FILED JUN 8 1944  
Registration District No. 176

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 25 years  
years, months or days)

3. (a) PRINT FULL NAME William P Tarwater

3. (b) If veteran, name war → 3. (c) Social Security No. →

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Effie Tarwater 6. (c) Age of husband or wife if alive → years  
7. Birth date of deceased July 13 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days — If less than one day  
hr. — min. —

9. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William P. Tarwater Sr.  
13. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Calarissa Lewis  
15. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R D Brown  
(b) Address 910 West Waldo Independence Mo  
17. (a) Burial (b) Date thereof May 16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn  
18. (a) Signature of funeral director Ott & Mitchell  
(b) Address 310 N. 11th Main St. Independence Missouri  
19. (a) 5-16-44 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 910 N. Waldo Independence Missouri  
(If rural, give location)  
(e) Citizen of foreign country? → (Yes or No)  
If yes, name country →

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1944 hour → minute → M.

21. I hereby certify that I attended the deceased from May 9, 1944, to May 14, 1944;  
that I last saw him alive on May 13, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bihlhofer  
Due to Fracture neck Right Femur  
Due to →

Other conditions (include pregnancy within 3 months of death) 1862  
Major findings:  
Of operations →  
Of autopsy →

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence May 9th 1944  
(c) Where did injury occur Independence Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in yard house  
(Specify type of place) (e) Means of injury fall  
While at work →

23. Signature James W. Ross (M. D. or other)  
Address Independence Mo Date signed 5/14/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Henry S. Mitchell

Licensed Embalmer No.

3925-

P. O. Address

Indep Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**